

THE COMMONWEALTH OF MASSACHUSETTS

TRAVEL AUTHORIZATION FORM (Form TAF)
Shaded areas must be completed if travel is subsidized by a private party, per 801 CMR 7.00

Contract of the Contract of th	- Nysesse	,,		-1 bringste be)) [18 8 7 · · · · · · · · · · · · · · · · ·	
1. Date of Request: March 1, 2011	2. Travel Request #:	3. Department/	Division:		4. DEPT/ORGN 0294		ropriation No.: -9749-
6. Name of Traveler(s	s):	7. Title(s	s):	8	B. Dates of Trave	l: 8.a De	estination
Micha	el Lawler	Ch	emist III (Unit	: 9)	June 5,201		and the second s
	P		(- June 12,1	1/	.9,
9. Travel Itinerary and	Justification (If travel i	s privately subsid	dizad statement	of nurnose mi			the
Commonwealth an		s privately subsit	aizea, statement	or purpose me	ast molude anticipa	iteu belletit to	uie
Mr Lawler will be traveling	g to Sterling, VA, June 5 tl						
to enhance Mr Lawler	stances conducted by the 's skill as a forensic scien	tist. The 5 day trai	ning will include k	nowledge abou	t analyzing different	controlled sub-	nis seminaris stances
chemistry related to the a	nalysis of controlled subs	tances. Mr Lawler	will stay in Virgini	a for additional	2 days at his own ex	pense.	starroos,
Supporting document					31.50	·	
Signature of Bureau Dir	. •	•		111	210	2	1/ //
Director: 4		•	(Ma		Date:	-//-//
	inda Han						
				 -			<u></u>
10. Estimated Expense	es:		Private Funds	State/Federal	l Personal ∡Funds	Other Funds	
Transportation: (check all	that apply)	· · · · · · · · · · · · · · · · · · ·	1 4		TV I	1 4/145	
⊠ Air □ R	ail 🔲 Bus			376.29	U		
⊠ Taxi Car: ☐ State	☐ Personal	☐ Rental		18.60	V		
Lodging:	□ reisuidi	□ IZEIIIAI					 ·
			497.2	885.50			
Manley	A						
Meals: 5 Days	0 17.50			96.00	W W		
1 Dinis	V 8 8.50)			76.00			
Other: (please list):							1
" Parking/Registr	ation Fee						
Sub Total(s)					1		- ·
Sub Total(s)			32-	1426.41	1		
	Gra	and Total					1165 10 61
	<u> </u>				,		1426.41
11. Include names of al	l other travelers (includi	ng family, friends	s or coworkers) a	and how they v	will pay. In addition	n. if the travel	consists of a
non-business comp	onent, please describe:	Mrtawh	=r W.H s.A	'as / (A \) / s =		1, 11 0 11 0 10	b.
non-business comp Peter Piro and Rebecca	Pontes 4+ ne co	ist to the	COMMANUE	alth end	ina report	imbhail Z	anysom
					es. 111.5 p. 0.11	TIME.	
12. Privately Subsidized	d Travel Information:		·			Not Applic	able 🔲
Name of Contact Person	:		l l	Describe all ac	tivities offered and	intent to part	icipate:
Company:	-						
Address:		23			1.5		
Business Activity:							
Telephone Number:				Relationship B	etween Private Par	ty and the Co	mmonwealth:
1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1							
					=		
13. Certifications and A	uthorizations						
I hereby certify under the	e pains and penalties of	perjury that, to the	ne best of my kn	owledge, the a	bove information is	s true and cor	rect.
Signature of Traveler:	1 / Minter le	\\/.\!				Date:	/ 3 1
Michael Lawler	1/What	Xirlin			·	3/11/	11
I hereby certify that suffi	1 /	for the above de		ccommodation	ns. 🗌 Delegation fr		granted.
Signature of Department	Head or Designee:		Title:	(1)	S 111.	Date:	
/					41	7111	
Approved	☐ Disapprov	red (☐ Approv	ed With Modific	cations `□Con	nments Attach	ed
Signature of Cabinet Sec	retary:					Date:	

THE COMMONWEALTH OF MASSACHUSETTS

TRAVEL AUTHORIZATION FORM (Form TAF)
Shaded areas must be completed if travel is subsidized by a private party, per 801 CMR 7.00

Rebecca Pontes 7. Title(s): Rebecca Pontes 9. Travel litinerary and Justification (if travel is privately subsidized, statement of purpose must include anticipated benefit to the Commonwealth and Employee: More Pondes with the travelleng to Sterling, VA June 5, 2011 through June 10, 2011 to attend a mandatory training seminar for forenaic scientists involved in the antitysis of controlled substances conducted by the special testing Laboratory of the Onge entorceneral Adjuncy (1EA). The purpose of this substances, chemistry entance to the analysis of controlled substances controlled substances controlled substances of controlled substances of controlled substances. 1. Supporting documentation, 10, agendas or brochures, is attached. Signature of Bureau Directoric/Ascillant Commissioner/Hospital Director: 1. Supporting documentation, 10, agendas or brochures, is attached. Signature of Bureau Directoric/Ascillant apply) 1. Estimated Expenses: 1. Supporting documentation, 10, agendas or brochures, is attached. Signature of Bureau Directoric/Ascillant apply) 1. Estimated Expenses: 1. Supporting documentation, 10, agendas or brochures, is attached. Signature of Bureau Directoric Plants 1. Estimated Expenses: 1. Supporting documentation, 10, agendas or brochures, is attached. Signature of Bureau Directoric Plants 1. Funds 1. Supporting documentation, 10, agendas or brochures, is attached. Signature of Bureau Directoric Plants 1. Funds 1. Fund	1. Date of Request: 3/1/11	2. Travel Request #:	3. Department/	Division: DPH		4. DEPT/ORGN 0294		opriation No.: 00-9749
Commonwealth and Employee: More Forties will be revening to Steriling. VA June 5, 2011 through june 10, 2011 to attend a mendatory training seminar for forensic scientists involved in the enabysis of controlled substances conducted by the special testing Laboratory of the Oruge enforcement Adgency (DEA). The purpose of this seminary is the enhance Mrs. Powher skills as noticentical substances. Supporting documentation, i.e. agendas or brochures, is attached.						June 5 201 - June 10,	1	
the analysis of controlled substances conducted by the special testing Laboratory of the Drug enforcement Adjancy (DEA). The purpose of this sensitirs is the enhance Mir. Potnets still as a formalise admits. The 5 day irsining will include knowledge about analyzing different controlled substances, chemistry related to the analysis of controlled substances. Supporting documentation, i.o. agendas or brochures, is attached. Signature of bureau Director/Assistant Commissioner/Hospital Director:			s privately subsid	lized, statement	of purpose mus	t include anticip	ated benefit to t	he
Director: Limited Expenses: Private State/Federal Personal Other Funds	the analysis of contro seminar is the enhan	illed substances conducte ce Mrs. Pontes' skill as a	d by the special ter forensic sclentist. T	sting Laboratory of The 5 day training	the Drug enfor	cement Adgancy (DEA). The purpo	se of this
Funds Sa33,40 Sa33,40 Sa33,40 Funds	Signature of Bureau Dir	ector/Assistant Commis		4	vda	Ban	Date: 3	-/1- //
Alir Rail Bus System	10. Estimated Expens	es:		,				
Mexis Schame C 17.5 U S96.00 Cherr (please its): Registration Fee	⊠ Air □ F ⊠ Taxi	tall 🗍 Bus	☐ Rental		\$90	1		
Other. (picaso list): Registration Fee Sub Total(s) Grand Total \$1422.19 11. Include names of all other travelers (including family, friends or coworkers) and how, they will pay. In addition, if the travel consists of a non-business component, please describe: Elleen Lafleur - family, Albert Lafleur - family, Emily Pontes - family, All family members traveling with me will be paying for their expenses privately and separately. 12. Privately Subsidized Travel Information: Not Applicable Name of Contact Person: Company: Address: Business Activity: Telephone Number: Relationably Between Private, Party and the Commonwealth: 13. Certifications and Authorizations I hereby certify under the pains and penalties of parjury that, to the best of my knowledge, the above information is true and correct. Signature of Traveler: Rebecca Pontes 3/12/11 I) hereby certify that sufficient funds are available for the above described travel accommodations. Delegation from Secretary grantod. Signature of Department Head or Designee: Title: Date: Date:	l odging:			11 11 11 11 11 11 11 11 11 11 11 11 11	, .	1		
Other. (picaso list): Registration Fee Sub Total(s) Grand Total \$1422.19 11. Include names of all other travelers (including family, friends or coworkers) and how, they will pay. In addition, if the travel consists of a non-business component, please describe: Elleen Lafleur - family, Albert Lafleur - family, Emily Pontes - family, All family members traveling with me will be paying for their expenses privately and separately. 12. Privately Subsidized Travel information: Not Applicable Name of Contact Person: Company: Address: Business Activity: Telephone Number: Relationably Between Private, Party and the Commonwealth: 13. Certifications and Authorizations I hereby certify under the pains and penalties of parjury that, to the best of my knowledge, the above information is true and correct. Signature of Traveler: Rebecca Pontes 3/12/11 I) hereby certify that sufficient funds are available for the above described travel accommodations. Delegation from Secretary grantod. Date: Title: Date: Date:	Meals 5 de	mr @ 6.50		· · · · · · · · · · · · · · · · · · ·	\$96.00	· ;		
Grand Total S1422.19 11. Include names of all other travelers (including family, friends or coworkers) and how they will pay. In addition, if the travel consists of a non-business component, please describe Ellien Lafley - family, Alleyt Laffeing family, Finds a family. All family members traveling with me will be paying for their expenses privately and separately. McMaC LaW(er Peter Pero) 12. Privately Subsidized Travel Information: Not Applicable Not Applicable Not Applicable: Company: Address: Business Activity: Telephone Number: 13. Certifications and Authorizations 14. Describe allientivities offered and intent to participate: Relationship Between Private Party and the Commonwealth: 13. Certifications and Authorizations 14. Describe allientivities of party and the Commonwealth: 15. Certifications and Authorizations 16. Detection of Traveler: 17. Date: 18. Date:	Other, (please list):							
11. Include names of all other travelers (including family, friends or coworkers) and how they will pay. In addition, if the travel consists of a non-business component, please describe: Elleen Lafleur - family, Albert Lafleur - family Emily Pontes - family. All family members traveling with me will be paying for their expenses privately and separately. 12. Privately Subsidized Travel Information: Not Applicable Describe all sufficient or participate: Company: Describe all sufficient or participate: Describe all sufficient or participate: Relationable Between Private Party and the Commonwealth: Percent of the pains and penalties of partury that, to the best of my knowledge, the above information is true and correct. Signature of Traveler: Date: 3/12/11 Thereby certify that sufficient funds are available for the above described travel accommodations. Delegation from Secretary granted. Date: Da	Sub Total(s)				\$1422.18			
non-business component, please describe: Elleen Lafleur - family, Albert Laffeur - family; Emily-Pontes - family, All family members traveling with me will be paying for their expenses privately and separately. Not Applicable		Ğ	and Total					\$1422.18
12. Privately Subsidized Travel Information: Name of Contact Person: Company: Address: Business Activity: Telephone Number: 13. Certifications and Authorizations I hereby certify under the pains and penalties of perjury that, to the best of my knowledge, the above Information is true and correct. Signature of Traveler: Rebecca Pontes 3/12/11 I hereby certify that sufficient funds are available for the above described travel accommodations. Delegation from Secretary granted. Signature of Department Head or Designee: Title: Date: Date:	non-business com Eileen Lafleur - family.	ponent, please describe Albert Lafleur «family: É	mily Pontes - fam	lly. All family me	mbors traveling	的时间为《新闻》		į
Company: Address: Business Activity: Felephone Number: Relationship Between Private Party and the Commonwealth: 13. Certifications and Authorizations hereby certify under the pains and penalties of perjury that, to the best of my knowledge, the above information is true and correct. Signature of Traveler: Rebecca Pontes 3/12/11 hereby certify that sufficient funds are available for the above described travel accommodations. Delegation from Secretary granted. Bignature of Department Head or Designee: Title: Date:					**************************************			
Relationship Between Private Party and the Commonwealth: Relationship Between Private Party and the Commonwealth: Relationship Between Private Party and the Commonwealth:				· 原告报记录	Jescribe all ac	ivities offered an	d intent to part	cipate:
Relationship Between Private Party and the Commonwealth: 13. Certifications and Authorizations I bereby certify under the pains and penalties of parlury that, to the best of my knowledge, the above Information is true and correct. Signature of Traveler: Rebecca Pontes 3/12/11 I hereby certify that sufficient funds are available for the above described travel accommodations. Delegation from Secretary granted. Signature of Department Head or Designee: Title: Date:			· · · · · · · · · · · · · · · · · · ·					
I bereby certify under the pains and penalties of perjury that, to the best of my knowledge, the above Information is true and correct. Signature of Traveler: Rebecca Pontes 3/12/11 I hereby certify that sufficient funds are available for the above described travel accommodations. Delegation from Secretary granted. Signature of Department Head or Designee: Title: Date:	-	***************************************			Relationship B	tween Private Pr	arty and the Co	mmonwealth:
Signature of Traveler: Rebecca Pontes I hereby certify that sufficient funds are available for the above described travel accommodations. Delegation from Secretary granted. Signature of Department Head or Designee: Date:	13. Certifications and	Authorizations						
I hereby certify that sufficient funds are available for the above described travel accommodations. Delegation from Secretary granted. Signature of Department Head or Designee: Date:	Signature of Traveler:	ne pains and penalties o	perjury that, to t	he best of my kn	owledge, the a	pove Information	Date:	l
/ COY CON 4/4/11		Scient Sunds are availab	le for the above d	escribed travel a	ccommodation	s. Delegation		
☐ Approved ☐ Disapproved	- /		1 10		\bigcirc $)$ C	11/1/1	_	

Form IAF - revised 08/96



THE COMMONWEALTH OF MASSACHUSETTS TRAVEL AUTHORIZATION FORM (Form TAF) Shaded areas must be completed if travel is subsidized by a private party, per 801 CMR 7.00

	2. Travel Request #:	3. Departmen	t/Division:		4. DEPT/ORGN:	5. Appropriation
March 1, 2011		<u> </u>	DPH		0294	8100-9749-1
6. Name of Traveler(s		7. Title		8.	Dates of Travel:	8.a Destination
Pet	er Piro	Lab	Supervisor (Uni	t 9)	June 5,	Şterling, VA
					2011-June	
		j			10 ^t	
9. Travel Itinerary and Commonwealth an	l Justification (If travel d Employee:	is privately subs	idized, statement of	purpose mus	t include anticipated	d benefit to the
Mr Piro will be traveling to analysis of controlled sub is to enhace Mr Piro's skil related to the analysis of	stances conducted by the last a forensic scientist.	ne Special Testing	Laboratory of the Dru	g Enforcement	Agency (DEA). The	purpose of this seminar
Supporting document		ochures is attache	.d.			
Signature of Bureau Dir	·			1/10		2/11.
Divoctore		·	/ 5	WHI V	\land	Date; \$/ (////
	indattai	$\int_{-\infty}^{\infty}$		- 100 r		
10. Estimated Expense	es:		Private S Funds	tate/Federal Funds	Personal Funds	Other Funds
Transportation: (check all	that apply)			400.10	V	
⊠ Air □ R				50.00		
⊠ Taxi	ГП D			\$22		
Car: State	☐ Personal	Rental		- 7.76-	V	
Lodging:			(GF-1)	885.50		
Meals: 5 da	y 0 17.50			on I a		
1 10	ma (7)			9600	<i>V</i>	
Other: (please list):	race (6.50		 			
omer: (piease list): Parking/Registr	ation Fee			\$66.00		
r unung/r togicu				400.00	,	
Sub Total(s)				1527.36		
	G	rand Total			***************************************	1527
*						
non-business comp	other travelers (Inclu- onent, please describe occa Pontes	9:				t the travel consists o
non-business comp lichael Lawler and Rebe	onent, please describe ecca Pontes	9:	ds or coworkers) and			
non-business comp lichael Lawler and Rebu 2. Privately Subsidized	onent, please describe cca Pontes 1 Travel Information:	9:	el LAWlea,	Nebe		Not Applicable
non-business comp lichael Lawler and Rebu 2. Privately Subsidized ame of Contact Person company:	onent, please describe cca Pontes 1 Travel Information:	9:	el LAWlea,	Nebe	eca Qintes	Not Applicable
non-business comp lichael Lawler and Rebo 2. Privately Subsidized ame of Contact Person ompany: ddress:	onent, please describe cca Pontes 1 Travel Information:	9:	el LAWlea,	Nebe	eca Qintes	Not Applicable
non-business comp lichael Lawler and Rebo 2. Privately Subsidized ame of Contact Person ompany: ddress: usiness Activity:	onent, please describe cca Pontes 1 Travel Information:	9:	el Lawlen, Dei	Aube	eca Qinter	Not Applicable tent to participate:
non-business complichael Lawler and Rebo 2. Privately Subsidized ame of Contact Person ompany: ddress: usiness Activity:	onent, please describe cca Pontes 1 Travel Information:	9:	el Lawlen, Dei	Aube	eca Qinter	Not Applicable
non-business comp lichael Lawler and Rebu 2. Privately Subsidized ame of Contact Person ompany: ddress: usiness Activity: elephone Number:	onent, please describe acca Pontes d Travel Information:	9:	el Lawlen, Dei	Aube	eca Qinter	Not Applicable tent to participate:
non-business complichael Lawler and Rebuildhael Lawler and Rebuildhael Lawler and Rebuildhael Contact Person company: ddress: usiness Activity: elephone Number;	onent, please describe acca Pontes d Travel Information:	e: Micha	el Lawlen, De	Aube scribe all activ ationship Bel	eca Ontervities offered and in	Not Applicable tent to participate: and the Commonweal
non-business comp lichael Lawler and Rebo 2. Privately Subsidized ame of Contact Person ompany: ddress:	onent, please describe acca Pontes d Travel Information:	e: Micha	el Lawlen, De	Aube scribe all activ ationship Bel	eca Ontervities offered and in	Not Applicable tent to participate: and the Commonweal
non-business complichael Lawler and Rebusinese Contact Person ompany: ddress: usiness Activity: elephone Number: 3. Certifications and Activity under the dignature of Traveler:	onent, please describe acca Pontes d Travel Information:	e: Micha	el Lawlen, De	Aube scribe all activ ationship Bel	eca Ontervities offered and in	Not Applicable tent to participate: and the Commonweal
non-business complichael Lawler and Rebe 2. Privately Subsidized ame of Contact Person ompany: ddress: usiness Activity: elephone Number; 3. Certifications and A hereby certify under the	uthorizations e pains and penalties of	of perjury that, to	Des Rel	Aube scribe all active ationship Bel	vities offered and in ween Private Party	Not Applicable tent to participate: and the Commonweal tue and correct. Date:
non-business complichael Lawler and Rebuildhael Lawler and Rebuildhael Lawler and Rebuildhael Contact Person ompany: ddress: usiness Activity: elephone Number: 3. Certifications and Amereby certify under the lignature of Traveler: leter Piro	uthorizations e pains and penalties of	of perjury that, to	Des Rel	Aube scribe all active ationship Bel	vities offered and in ween Private Party	Not Applicable tent to participate: and the Commonweal tue and correct. Date:
non-business complichael Lawler and Rebusiness 2. Privately Subsidized ame of Contact Person ompany: ddress: usiness Activity: elephone Number: 3. Certifications and Amereby certify under the lignature of Traveler: eter Piromereby certify that suffinereby certify the certifications certifi	uthorizations e pains and penalties of	of perjury that, to	Per	Aube scribe all active ationship Bel	vities offered and in ween Private Party	Not Applicable tent to participate: and the Commonweal rue and correct. Date:
non-business complichael Lawler and Rebuildhael Lawler and Rebuildhael Lawler and Rebuildhael Lawler and Rebuildhael Contact Person ompany: ddress: usiness Activity: elephone Number: 3. Certifications and Amereby certify under the lignature of Traveler: eter Piro	uthorizations e pains and penalties of	of perjury that, to	Rel the best of my know	Aube scribe all active ationship Bel	vities offered and in ween Private Party: ove information is to 3 - Delegation from	Not Applicable tent to participate: and the Commonweal rue and correct. Date: